

## MEETING MINUTES - <Prevention Workgroup>

**Date of Meeting:** (09/16/2009)

**Minutes Prepared By:**

Pam Wilson

### 1. Purpose of Meeting

> To go over Action Plan

### 2. Attendance at Meeting *(add rows as necessary)*

Name	Department./Division	E-mail
Rick Little	Merck	richard_little2@merck.com
Paul Madrazo	GlaxoSmithKline	paul.f.madrazo@gsk.com
Kathy Marceau	RIDOH	Kathy.Marceau@health.ri.gov
Sally Mendzela	RIHCA	smendzela@rihca.org
Dick Radebach	The Wellness Company	rradebach@thewellcomp.com
Susan Shepardson	RIDOH	Susan.Shepardson@health.ri.gov
Pam Wilson	RIDOH	Pamela.wilson@health.ri.gov

### 2. Meeting Agenda

> No formal Agenda

### 3. Meeting Notes, Decisions, Issues

> Paul Madrazo is new Chair of Prevention Workgroup. Asked the group to decide on the parameters of the meeting times. Decided to meet every other month for the next 6 months. Mini-workgroups will meet on their own and Pam will email them to do progress checks. Pam will also email The Partnership to try and get others to join the mini-workgroups. Pam will provide the group with changes/updates to Action Plan. Susan Shepardson announced that ACS will no longer be participating in workgroups. Below are the updates on the Action Plan.

## 4. Action Items

Action	Assigned to	Status
<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 1:</b> Encourage implementation of a high school assessment for RI public and private high school students</p> <p><b>Activity #1:</b> Engage stakeholders to instigate discussion re: the possible introduction of a required high school assessment physical.</p>	Kathy Marceau	4-6 months ago, Peter Simon, Kathy Marceau & Rosemary Reilly met with Dr. Fox – Physician who works with school health—to talk about a 9 <sup>th</sup> grade assesment. May involve legislation. School nurses were resistant. With H1N1 in schools, they are reluctant to do anymore work. 2 <sup>nd</sup> meeting is scheduled. May be easier to do a 10 <sup>th</sup> grade assessment.
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<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 2:</b> Initiate legislative policy change in RI re state STI regs – to allow females under the age of 18 to be vaccinated for HPV w/out parental consent</p> <p><b>Activity #1:</b> Work to change the state STI regulation language</p>	Susan Shepardson	<p>Susan talked to Cheryl LeClair who runs Title X program at DOH. Peter Simon, Medical Dir. For Division, would like to make HPV a reportable disease. Pat Raymond is going to send Susan the request letter that Peter Simon drafted.</p> <p>Susan proposed that we add “Make HPV reportable” to the tasks. Group agreed.</p> <p>Paul asked if immunizaqtion program is putting out anything now on HPV education. Kathy said “no”. Paul said New Jersey had legislation that required Health dept. to make HPV materials available to schools and to kids.</p>
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<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 3:</b> Launch a “Cancer Education” campaign targeted to RI 4<sup>th</sup> graders relating to cancer prevention</p> <p><b>Activity #1:</b> Design a train-the-trainer educational model for schools to utilize for future cancer education programs</p>	Paul Madrazo/ Kathy Marceau	Kathy M. will set up a meeting with key players in Health dept. Paul can talk about what’s going on nationally. Paul did research on current school health requirements. Certain activities are mandated to teach. School regs talk about STIs. HIV is a mandate. Currently schools can talk about HPV but are not required to. Paul’s feelnig is to go thru reg process rather than legislation. Rosemary works on that. Annie Sylvia, Dept. of Education. Elizabeth Sherloff (sp?) said that it is so benign to talk about HPV, don’t put in in regulations. Paul noted that the rules and regs for school health hasn’t been opened since 2007. Sally M. suggested rather than using school employees, to enlist a peer-to-peer model to teach kids. Anna Wheat was suggested and will be asked to join workgroup.

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<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 3:</b> Launch a “Cancer Education” campaign targeted to RI 4<sup>th</sup> graders relating to cancer prevention</p> <p><b>Activity #2:</b> Encourage physicians to include cancer prevention informatin in routine office visits with adolescent patients</p>	Susan/Pam	Develop and send out an electronic one page cancer prevention info sheet to all primary care and family practice doctors in the state
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<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 4:</b> Encourage compliance with recommendatinos for females who get vaccinated with HPV to complete the 3-dose vaccination series</p> <p><b>Activity #1:</b> Introduce Vaccinate Before You Graduate to younger grades</p>	Susan & Dick w/ Kathy as an asset	Dick pointed out that the mechanics of introducing a H1N1 flu vaccination program in elemenatry schools (evening) and in middle schools (afternoon) and their obtaining K-12 guidance for H1N1 will be a “practice” run for rolling out a VBYG in younger grades. Some schools include 7 <sup>th</sup> grade. Piloted expanded influenza to High Schools. This year offering flu to every High School in state and to middle schools that are attached. Susan pointed out that rather than just being an immunizatino initiative, we want to put the weight of The Partnership on it and focus on preventing cancer.
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<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 4:</b> Encourage compliance with recommendatinos for females who get vaccinated with HPV to complete the 3-dose vaccination series</p> <p><b>Activity #2:</b> Create an advertising campaign targed to women over 18 – encouraging the use of Title X Family Planning centers as places to receive “catch-up” vaccine</p>	Pam Wilson/ Rick Little	Pam will contact Gail Barbonne Miller, Communications at HEALTH to assist her in the campaign. Will also contact Carrie Bridges in Minority Health to find out the best media strategies. Has gathered research from CDC (flyers, ads, PSAs). Has research on social media campaigns to adolescents. Sally suggested targeting the ads to where adolescents go – place ads on buses or flyers at resource tables at “adolescent” events.

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<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 4:</b> Encourage compliance with recommendatins for females who get vaccinated with HPV to complete the 3-dose vaccination series</p> <p><b>Activity #3:</b> Assist wit the Immunization Program's effort to include HPV tracking information on the school physical form</p>	Kathy and Immunization Team at HEALTH	COMPLETED!!
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<p><b>Objective A:</b> By 2012 at least 75% of 13-yr.-old girls in RI will have received the HPV vaccine according to CDC guidelines.</p> <p><b>Strategy 5:</b> Encourage health insurance reimbursement to community/mass immunizers to make accessibility o f HPV vaccination less restritive for patients in terms of insurance coverage and convenience</p> <p><b>Activity #1:</b> Create a statement of princiapls from the Partnership to Reduce Cancer in Rhode Island to be sent to key stakeholders</p>	Dick/Susan	<p>Dick reported that Mass Immunization coalitions are facing the same issues. Insurance companies cover all adult vaccines thru primary care. Public events not covered. Mostly apparent during flu season. State supplies vaccine for adults so there is legislation. Require providers re: status of immunization to reimburse. Massachusetts July 2010 – legislation pending. Model. Paul asked for a copy of it and will possibly take it up in Rhode Island. Colleges are very interested in school-based immunization programs. How is insurance treating this? The H1N1 exercise will be a good example. More and more providers are partnering. It is not a business issue – a medical house. Medical homes have to have peripheral assistance. What does a community have to offer to help sustain prevention and wellness? August – reimbursement workshop. Flu. Insureres had to step-up. Should eventually apply to other vaccinations. CDC has a video – Prevention has to be population based – where its needed in community. Immunization and preventative screening. NHP supporting – Get better data. Put pressure on. We still need legislative champions on Partnership. Neighborhood Health Plan - Looks like Wellness co. will get provisional status. Blue Cross is not an issue. Tufts and Medicare are. Dick talked about Equity in reimbursement rates. \$22 Medicare; \$16 Blue Cross; \$8 United. For uninsured – Dept. of Health &amp; Human Services - \$14.93 reimbursement. Susan is working with Dick</p>

**5. Next Meeting**

<i>Date: (MM/DD/YYYY)</i>	11/18/2009	<i>Time:</i>	12:00-1:30PM	<i>Location:</i>	The Wellness Company
<i>Agenda:</i>	Activity Leads will update group on progress				